

MODIFICATION OF GRANT OR AGREEMENT					PAGE	OF PAGES
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		OUPERATOR GRANT of UMBER, IF ANY:	3. MODIFICA 001	TION NUMBE	:R:	
4 NAME/ADDRES	OF HE POREST SERVICE IN THE				25.5	
4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING GRANT/AGREEMENT (unit name, street, city, state, and zip + 4):			5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4):			
El Dorado National Forest			El Dorado National Forest			
100 Forni Rd			100 Forni Rd			
Placerville, CA 95667-531			Placerville, CA 95667-5310			
6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county):			7. RECIPIENT/COOPERATOR'S HHS SUB ACCOUNT NUMBER (For HHS			
Mosquito FPD			payment use only):			
8801 Rock Creek Rd						
Placerville, CA 95667						
8. PURPOSE OF MODIFICATION						
CHECK ALL This modification is issued pursuant to the modification provision in the grant/agreement						
THAT APPLY:	referenced in item no. 1, above.					
	CHANGE IN PERFORMANCE PERIOD: May 1, 2012 through April 30, 2013					
	CHANGE IN FUNDING:					
\boxtimes	ADMINISTRATIVE CHANGES: Change FS Adminstrative Contact to: John V. Hefner, Grants Management Specialist,					
<u> </u>	1031 Coyote St., Nevada City, CA 95959. Telephone: 530-478-6828 Fax: 530-478-6126 Fmail-tyhefner@fs fed us					
OTHER (Specify type of modification):						
Except as provided herein, all terms and conditions of the Grant/Agreement referenced in 1, above, remain unchanged and in full force and effect.						
9. ADDITIONAL SPACE FOR DESCRIPTION OF MODIFICATION (add additional pages as needed):						
Annual Operating Plan for 2012 is the same and will remain in effect through April 30, 2013						
10. ATTACHED DOCUMENTATION (Check all that apply):						
	Revised Scope of Work					
<u> </u>	Revised Financial Plan					
	Other:					
11. SIGNATURES						
AUTHORIZED REPRESENTATIVE: BY SIGNATURE BELOW THE SIGNING PARTIES CERTIFY THAT THEY ARE THE OFFICE A THREE CONTROL OF THE SIGNING PARTIES CERTIFY THAT THEY ARE THE OFFICE A THREE CONTROL OF THE SIGNING PARTIES CERTIFY THAT THEY ARE THE OFFICE AT THE SIGNING PARTIES CERTIFY THAT THEY ARE THE OFFICE AT THE SIGNING PARTIES CERTIFY THAT THEY ARE THE OFFICE AT THE SIGNING PARTIES CERTIFY THAT THEY ARE THE OFFICE AT THE SIGNING PARTIES CERTIFY THAT THEY ARE THE OFFICE AT THE SIGNING PARTIES CERTIFY THAT THEY ARE THE OFFICE AT THE SIGNING PARTIES CERTIFY THAT THEY ARE THE OFFICE AT THE SIGNING PARTIES CERTIFY THAT THEY ARE THE OFFICE AT THE SIGNING PARTIES CERTIFY THAT THEY ARE THE OFFICE AT THE SIGNING PARTIES CERTIFY THAT THEY ARE THE OFFICE AT THE SIGNING PARTIES CERTIFY THAT THEY ARE THE OFFICE AT THE SIGNING PARTIES CERTIFY THAT THEY ARE THE OFFICE AT THE SIGNING PARTIES CERTIFY THAT THEY ARE THE OFFICE AT THE SIGNING PARTIES CERTIFY THAT THEY ARE THE OFFICE AT THE SIGNING PARTIES CERTIFY THAT THE SIGNING PARTIES CERTIFY THAT THE SIGNING PARTIES CERTIFY THE SIGNING PARTIES CERTIF						
GRANT/AGREEMENT.						
11.A. Nevada County of SIGNATURE		1.B. DATE	11.C. U.S. FOREST SERVICE SIGNAT	URE	11.1	D. DATE
D. O.		IGNED ニノフ-12	Val. DIL a		SIG	NED
(Signature of Signatory	- Levery	<u>L</u>	aun O Har	\	6	4/12
11.E. NAME (type or print): BOB DAVIS			(Signature of Signatory Official)	<u> </u>		1112
			11.F. NAME (type or print): KATHYRN D. HARDY			
11.G. TITLE (type or print): Fire Chief			11.H. TITLE (type or print): Forest Supervisor			
12. G&A REVIEW						
12.A. The authority and format of this modification have been reviewed and approved for signature by: 12.B. DATE						
Koll	i Denne M.		-	SIGNEI		
KELLIE HAMILTON, R5						
U.S. Forest Service Grants & Agreements Specialist						112+
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Burden Statement

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